2007-2009

RENEWAL or REINSTATEMENT APPLICATION PHYSICAL THERAPISTS & PHYSICAL THERAPIST ASSISTANTS KENTUCKY STATE BOARD OF PHYSICAL THERAPY

SECTION 1: This is your renewal application. Verify or furnish the information on *BOTH* pages of this document. Incomplete forms will be returned. SIGN & DATE THE AFFIDAVIT and follow instructions concerning payment & renewal deadline at the end of this form. *PLEASE PRINT*.

	HOME ADDRESS:	CORRECTIONS TO RECORD			
		Credential #: Name: Home Address: City, State, Zip:			
		Home County: Telephone #: Email Address			
	PRIMARY WORK SITE:				
		Facility Site: Address: City, State, Zip: County: Telephone #:			
		Full Time Part Time/PRN PTAs ONLY: List primary PT Supervisor and License #:			
		Additional Site: Address: City, State, Zip: County: Telephone #: Full Time Part Time/PRN			
	ome address shall be the official address for the B of record for all other purposes. If no box is check	oard. Please check the appropriate box above for your preferred public ed, your home address will be used.			
□ I w: □ I do □ I ch	ON 2: Please check one box. ish to renew my Kentucky credential. o not wish to renew my Kentucky credential. soose to place my Kentucky credential on an exical therapy. No continued competency will	inactive status. (Submit fee and shall not engage in the practice of lbe required).			
■ PT	- I have taken 30 hours of continued competer	nt. Do <u>not</u> send proof of your contact hours with renewal. ney for this biennium. (At least 20 hours from Category I and the two			
 PTA 	r Jurisprudence Exam). A – I have taken 20 hours of continued compete r Jurisprudence Exam).	ency for this biennium. (At least 10 hours from Category I and the two			
OrI with	Or I am a 2005 or 2006 Graduate and have taken the 2 hour Jurisprudence Exam.				

My HIV/Aids Course will be required for biennial renewal period ending N/A

A F F I D A V I T

SECTION 4: Since your credential was issued or last renewed in Kentucky, have you:

A.	Been convicted of, pleaded guilty to, pleaded Alford Plea or No Contest Plea to, or received a diversionary agreement for, a felony, misdemeanor, or any crime in the courts of this state or any other state, territory or country? Do not include information of minor traffic violations which do not involve alcohol or other substance abuse.	Yes	No		
B.	Had your license to practice physical therapy or any other health profession disciplined in another Jurisdiction or is your license under investigation or current disciplinary review or has a complaint Been filed against you in another jurisdiction?	Yes	No		
C.	Had a malpractice settlement or civil judgment entered against you?	Yes	No		
D.	Had any other circumstance which may be in violation of KRS 327?	Yes	No		
	Do you currently have an obligation in a financial aid program administered by the Kentucky Higher Education Assistance Authority (KHEAA)? If Yes to E, are you in default of the repayment obligation per KRS.164.772? answer to any of the above questions is yes , and required information has not already been submitte	Yes Yes d to the boar	No		
enclo	se <u>certified copies of the charge(s)</u> , <u>conviction(s)</u> and/or <u>judgment(s)</u> and <u>penalty</u> along with a letter ibing the type, place, date and circumstances of the matter. Submit additional information as request	to the board	d		
I cer	tify the information reported on this form is true and correct.				
Date	Signed Signature				

Renewal Fee - \$100.00 (received in board office on or before March 31)
Reinstatement Fee - \$150.00 (received in board office after March 31)

Check payable to the "Kentucky State Board of Physical Therapy "
or Online at http://pt.ky.gov

KENTUCKY STATE BOARD OF PHYSICAL THERAPY 9110 LEESGATE ROAD, SUITE 6 LOUISVILLE, KENTUCKY 40222-5159

(502)429-7140 (502)429-7142 (FAX)

Any license or certificate not renewed by March 31, 2007, will lapse and must be reinstated before Kentucky practice privileges can be restored.